

# Recording Release

This Recording Release Form must be read and signed by all CAAS Rounds speakers. Please indicate whether or not you give permission to the Center for Alcohol and Addiction Studies in the Brown University School of Public Health to record and distribute your talk.

- I hereby give the Center for Alcohol and Addiction Studies in the Brown University School of Public Health permission to record my lecture and to distribute the recording via the Center website or other electronic media. I agree that I shall not receive any fee for the recording and that all rights, title, and interest to the recording and its use belongs to Brown University.
- I DO NOT give Brown University permission to record my lecture.

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Name (please print)

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Signature

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Date